

Waterway Improvement Projects Request for Reimbursement

Project Number: _____ **Reimbursement #:** _____

Is this a final reimbursement? Yes (☐) No (☐)

If a final reimbursement, shall WWI revert the remaining funds? Yes (☐) No (☐)

Project Title: _____

Make Check Payable to: _____ Federal ID # _____

Address: _____

Project Coordinator: _____ **Title:** _____

Telephone: _____ Fax: _____ E-Mail _____

Section I – Contract costs and direct purchases: Please submit the following documentation and complete the cost summary below:

1. **Invoice** or contractor's "**Requisition for Payment**" for supplies, materials, services rendered, or equipment rental.
2. **Copy of canceled checks** (optional) for all items under #1 above. Attach copies of the canceled checks to the invoice or requisition for payment. If check amounts are greater than the invoice(s) please write the amount applicable on the check copy and circle the amount. If local jurisdiction elects to submit copies of canceled checks to support their requisition for payment then only the Project Coordinator must sign the Payment Certification on page three. If the local jurisdiction elects not to submit copies of the canceled checks, the Payment Certification must then sign, in lieu of the Project Coordinator, by an individual with fiscal authority who can certify that the payments have been made.

3. Cost Summary:

Item #	Vendor or Contractor	Invoice #	Amount

List additional Charges on page two

Item #	Vendor or Contractor	Invoice #	Amount
Section I. Total:			\$

Section II – Force Account/In-Kind Services/In-House Labor and Equipment:

If work has been accomplished using in-house labor and equipment, submit the following documentation and fill in totals below:

1. **A list or computer printout of individuals working on this project** to include; job function, dates and hours each individual worked, hourly rate and total paid.
2. **A list or computer printout of equipment used**, dates and hours operated on this project. Usage rates should be based on current schedules used within the county or town, or the current state Highway Administration rate schedule. Indicate the source for rates used.

Total Labor Cost: _____
Total Equipment Cost: _____
Section II Total: _____

Summary of Costs:
Total of Section I. Plus Section II. _____
State percentage approved _____ %

Total Reimbursement Requested: \$

Note: Grant recipient Additional support documents for costs submitted on this project, such as contracts, change orders, bid tabulations, labor and equipment records, will be retained by the grant recipient for three years after final reimbursement.

Payment Certification: *I hereby certify that the costs submitted for reimbursement are true and correct, and that all payments have been made to all persons, vendors and contractors engaged in this project in accordance with local government procurement procedures and the Waterway Improvement Program Project Agreement.*

X

Signature of local government fiscal authority or of local Project Coordinator, see Section I. - 2	Typed or printed name	Title	Date
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Allow one (1) month from date of receipt by the State for processing of this reimbursement request.
Forward request to:

Department of Natural Resources
Capital Grants and Loans Administration
Waterway Improvement Program
Tawes State Office Building E-4
580 Taylor Avenue
Annapolis, Maryland 21401

phone: 410-260-8403

fax: 410-260-8404

Shaded areas for state use:

Date	_____	Payment	_____	Balance	_____
Date	_____	Payment	_____	Balance	_____
Date	_____	Payment	_____	Balance	_____
Date	_____	Payment	_____	Balance	_____
Date	_____	Payment	_____	Balance	_____

This payment: \$ _____

Project's Balance: \$ _____

Final Payment directions:

Check if applicable: ☒

☐ Yes, this payment is a final payment.

☐ Yes, remaining funds may be reverted.

☐ Please Transfer remaining funds to Project #: _____

Signatures:

Regional Program Administrator Approval	_____	Date	_____
Fiscal Administration Approval	_____	Date	_____
Waterway Director's Approval	_____	Date	_____